

Walter Reed Cardiovascular Center



A Monthly Newsletter of the Cardiology Division of Walter Reed Army Medical Center

Commentary

Marina Vernalis, DO FACC

One month ago, a drug-eluting coronary stent (DES) or “coated” stent was approved by the FDA. At present, the manufacturer (Johnson & Johnson/Cordis) is attempting to distribute these to all institutions. This has proved to be difficult and Walter Reed, like many of our civilian counterparts, is still waiting for our initial allotment. We will soon be providing this state-of-the-art therapy to many of our beneficiaries in order to reduce the occurrence of restenosis.

The Cardiology Division of Walter Reed has an outstanding staff. Notably, Allen Taylor, our Fellowship Director, has distinguished himself again with a publication in JAMA concerning the initial results of the PACC study (see summary below). In addition, he co-chaired the 34th Bethesda Conference on “Can Atherosclerosis Imaging Techniques Improve the Detection of Patients at Risk for Ischemic Heart Disease?” This will be published in the June 4th edition of the Journal of the American College of Cardiology.

* JACC. 2003;41:1855-917.

Cardiovascular Update

Allen Taylor, MD FACC

Background: The use of Electron Beam Tomography (EBT) as a motivational tool to change behavior is widely practiced though its efficacy has not been studied. We randomized 450 asymptomatic Army men and women volunteers into a heart disease risk reduction program involving either an EBT, a nurse-based case management program, both or neither. The purpose of the study was to learn which method was most effective to motivate heart health lifestyle changes.

Results: Having an EBT was ineffective in this population (prevalence of coronary calcium 15%) as a motivational tool for healthy behavioral change. In comparison, the nurse case-management program lead to a significant reduction in heart disease risk, through motivating healthy behavioral changes. Such changes were 62% more likely in the case-management group than in the EBT group.

Conclusions: Using coronary calcification screening to motivate patients to make healthy behavioral changes in risk factors was not associated with improvement in modifiable cardiovascular risk at one year. Case management was superior to usual care in the management of risk factors. Primary prevention programs should preferentially focus efforts on identifying and intensively treating known risk factors rather than anatomic case-finding for motivational effect.

* JAMA. 2003;289:2215-23

Guideline Review

Daniel E. Simpson, MD FACC

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

The JNC 7 report, published in the May 21st edition of JAMA, provides 7 “key messages” concerning hypertension since their 6th report in 1997. Summarized below are four of these findings:

- 1) In persons > 50, systolic BP (SBP) > 140 is a more important cardiovascular risk factor than diastolic BP (DBP).
- 2) Individuals with SBP 120-139 or DBP 80-89 are “pre-hypertensive” and require lifestyle modifications.
- 3) Thiazide diuretics should be used alone or in combination with other classes for most uncomplicated case of hypertension. Certain high-risk conditions still require other agents – e.g. post-MI & beta-blockers, diabetics & ACE inhibitors.
- 4) Most require ≥ 2 agents to achieve goal BP < 140/90 (<130/80 for diabetes and chronic kidney disease)

* JAMA. 2003;289:2560-2572

Cardiovascular Trials at WRAMC

CARDIASTAR

PFO closure device versus standard anti-coagulation therapy with coumadin in patients with an embolic TIA/CVA and no other etiology

Questions/Referrals: Please contact Daniel Simpson

OPTIMIZE-CHF

Assessment of inpatients with CHF and/or LV dysfunction to determine if guideline treatment is appropriately implemented

Questions/Referrals: Please contact Stephen Welka